15762 46260

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James B. Stone DATE 4/13/93 PERMIT NO. 8T-2-A-4

PHONE: Business ____________ Home ____________

LOCATION I40 W, Rt on Old Mountain, Rt on Alpine Circle, 3rd Lot on Lf

SUBDIVISION NAME W/N Alexander Farm LOT NO. 4 S.R. No. ______ SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other ____________

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 220' x 250'

Soil Characteristics PS

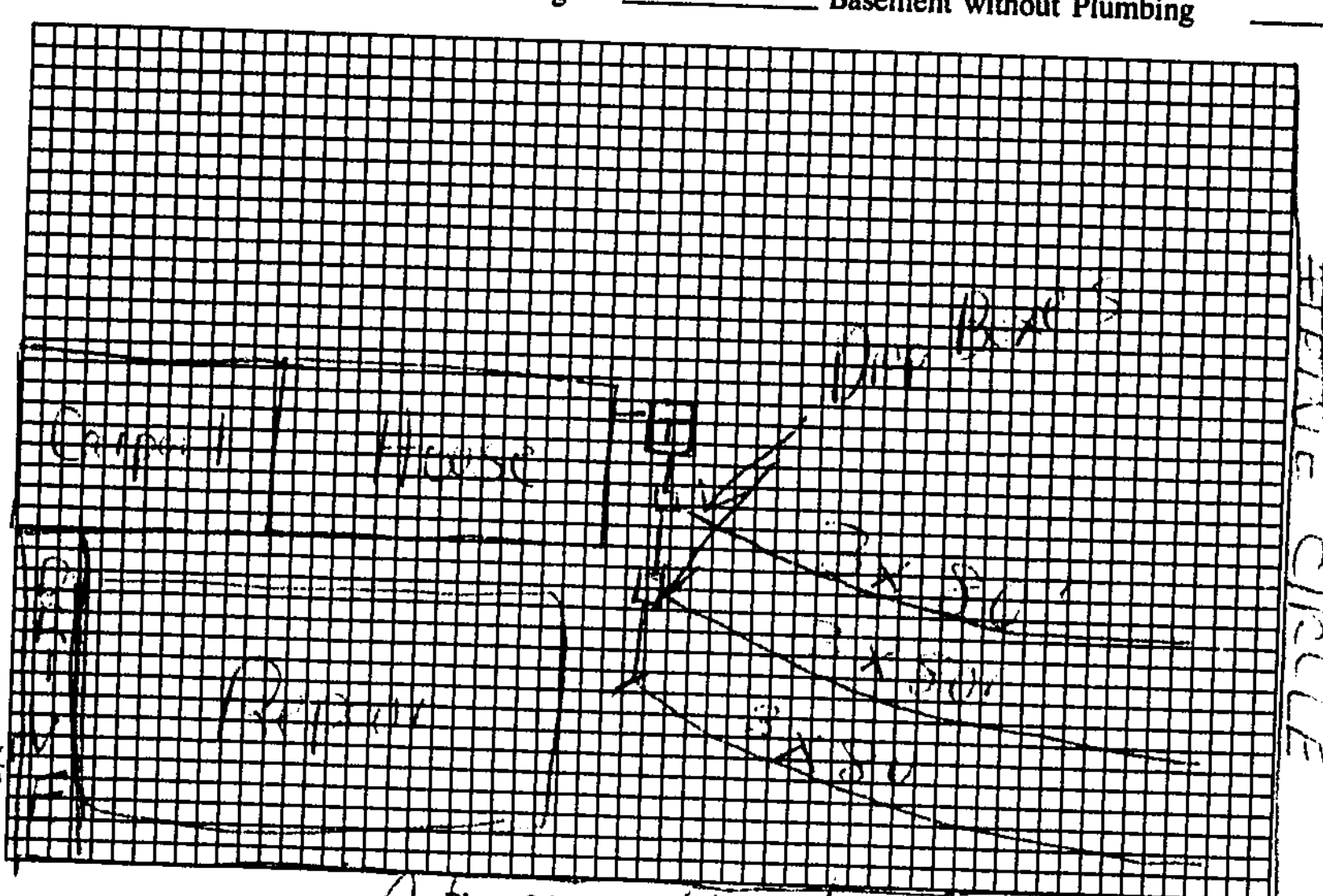
Application Rate 0.33 gpd/ft²

Topography 6-8%

Depth to Water Table >24"

Rock or other impervious formations None

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by James Hudler

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: ____________

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY RSH / MJD

COMMENTS ____________

CERTIFICATE OF COMPLETION BY [signature] DATE 4/13/93

EXISTING SYSTEM CHECKED BY ____________ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold